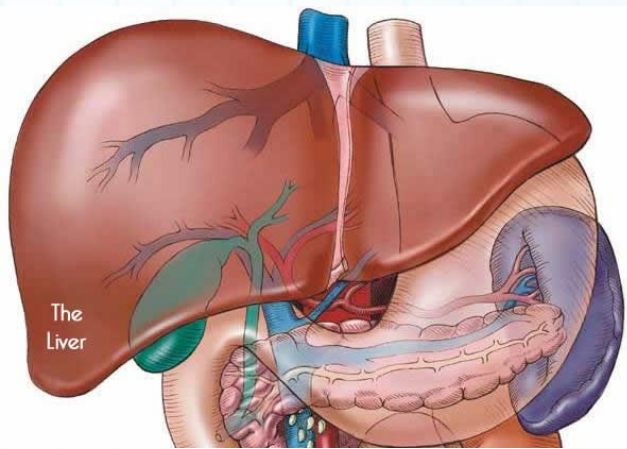


Alcoholic Liver Disease



The liver weighs about 3 pounds and is the largest solid organ in the body. It performs many important functions, such as:

- Manufacturing blood protein that aid in clotting, oxygen transport, and immune system function
- Storing excess nutrients and returning some of the nutrients to the bloodstream
- Manufacturing bile, a substance needed to help digest food
- Helping the body store sugar (glucose) in the form of glycogen
- Ridding the body of harmful substances in the bloodstream, including drugs and alcohol
- Breaking down saturated fat and producing cholesterol
- Cirrhosis is a slowly progressing disease in which healthy liver tissue is replaced with scar tissue, eventually preventing the liver from functioning properly. The scar tissue blocks the flow of blood through the liver and slows the processing of nutrients, hormones, drugs, and naturally produced toxins. It also slows the production of proteins and other substances made by the liver.

According to the National Institutes of Health, cirrhosis is the 12th leading cause of death by disease.

Causes of Cirrhosis Liver

Hepatitis C, fatty liver, and alcohol abuse are the most common causes of cirrhosis of the liver in the U.S., but anything that damages the liver can cause cirrhosis, including:

Fatty liver associated with obesity and diabetes

Chronic viral infections of the liver (hepatitis types B, C, and D; Hepatitis D is extremely rare)

Blockage of the bile duct, which carries bile formed in the liver to the intestines, where it helps in the digestion of fats; in babies, this can be caused by biliary atresia in which bile ducts are absent or damaged, causing bile to back up in the liver. In adults, bile ducts may become inflamed, blocked, or scarred, due to another liver disease called primary biliary cirrhosis.

Repeated bouts of heart failure with fluid backing up into the liver

Certain inherited diseases such as:

Cystic fibrosis

Glycogen storage diseases, in which the body is unable to process glycogen, a form of sugar that is converted to glucose and serves as a source of energy for the body

Alpha 1 antitrypsin deficiency, an absence of a specific enzyme in the liver

Diseases caused by abnormal liver function, such as hemochromatosis, a condition in which excessive iron is absorbed and deposited into the liver and other organs, and Wilson's disease, caused by the abnormal storage of copper in the liver

Although less likely, other causes of cirrhosis include reactions to prescription drugs, prolonged exposure to environmental toxins, or parasitic infections.

Do People Who Drink A Lot of Alcohol Always Get Cirrhosis of the Liver?

Most people who drink large amounts of alcohol harm their livers in some way, but not all of these people get cirrhosis of the liver. Women who are heavy drinkers are at higher risk than men. People who have hepatitis B or hepatitis C are more likely to suffer liver damage from alcohol.

Symptoms of Cirrhosis of the Liver

- The symptoms of cirrhosis of the liver vary with the stage of the illness. In the beginning stages, there may not be any symptoms. As the disease worsens, symptoms may include:
- Loss of appetite
- Lack of energy (fatigue), which may be debilitating
- Weight loss or sudden weight gain
- Bruises
- Yellowing of skin or the whites of eyes (jaundice)
- Itchy skin
- Fluid retention (edema) and swelling in the ankles, legs, and abdomen (often an early sign)
- A brownish or orange tint to the urine
- Light colored stools
- Confusion, disorientation, personality changes
- Blood in the stool
- Fever

Diagnosis of Cirrhosis of the Liver

Cirrhosis of the liver is diagnosed through several methods:

Physical exam. During a physical exam, your doctor can observe changes in how your liver feels or how large it is (a cirrhotic liver is bumpy and irregular instead of smooth).

Blood tests. If your doctor suspects cirrhosis, you will be given blood tests to find out if liver disease is present.

Other tests. In some cases, other tests that take pictures of the liver are performed, such as a computerized tomography (CT scan), ultrasound, or another specialized procedure called a radioisotope liver/spleen scan.

Biopsy. Your doctor may decide to confirm the diagnosis by taking a sample of tissue (biopsy) from the liver.

Surgery. In some cases, cirrhosis is diagnosed during surgery when the doctor is able to see the entire liver. The liver also can be inspected through

a laparoscope, a viewing device that is inserted through a tiny incision in the abdomen.

Complications Caused by Cirrhosis of the Liver

Complications associated with cirrhosis of the liver include:

Variceal bleeding. Variceal bleeding is caused by portal hypertension, which is an increase in the pressure within the portal vein (the large vessel that carries blood from the digestive organs to the liver). This increase in pressure is caused by a blockage of blood flow through the liver as a result of cirrhosis. Increased pressure in the portal vein causes other veins in the body to enlarge (varices), such as those in the esophagus and stomach, to bypass the blockage. These varices become fragile and can bleed easily, causing severe hemorrhaging and fluid in the abdomen.

Confused thinking and other mental changes (hepatic encephalopathy). Hepatic encephalopathy most often occurs when cirrhosis has been present for a long time. Toxins produced in our intestines are normally detoxified by the liver, but once cirrhosis occurs, the liver cannot detoxify as well. Toxins get into the bloodstream and can cause confusion, changes in behavior, and even coma.

- Other serious complications of cirrhosis of the liver include:
- Kidney failure
- Reduced oxygen in the blood
- Diabetes
- Changes in blood counts
- Increased risk of infections
- Excessive bleeding and bruising
- Breast enlargement in men
- Premature menopause
- Loss of muscle mass

Most of these complications can initially be treated with medicines or dietary changes. Once treatment for these complications becomes

ineffective, a liver transplant is considered. Almost all of the complications can be cured by liver transplantation; however, in many circumstances, careful management can reduce the harmful effects of cirrhosis and delay or even prevent the need for a liver transplant.

Treatment of Cirrhosis of the Liver

Although there is no cure for cirrhosis of the liver, there are treatments available that can stop or delay its progress, minimize the damage to liver cells, and reduce complications.

The treatment used depends on the cause of cirrhosis of the liver.

For cirrhosis caused by alcohol abuse, the person must stop drinking alcohol to halt the progression of cirrhosis.

If a person has hepatitis, the doctor may prescribe steroids or antiviral drugs to reduce liver cell injury.

For people with cirrhosis caused by autoimmune diseases, Wilson's disease, or hemochromatosis, the treatment varies.

Medications may be given to control the symptoms of cirrhosis. Edema (fluid retention) and ascites (fluid in the abdomen) are treated, in part, by reducing salt in the diet. Drugs called diuretics are used to remove excess fluid and to prevent edema from recurring. Diet and drug therapies can help improve the altered mental function that cirrhosis can cause. Laxatives such as lactulose may be given to help absorb toxins and speed their removal from the intestines.

Liver transplantation may be needed for some people with severe cirrhosis.

Prevention from Cirrhosis of the Liver

There are several ways to reduce your risk of developing cirrhosis of the liver:

Don't abuse alcohol. If you do drink alcohol, limit how much you drink and how often. Remember, it's not only the heavy drinker who gets cirrhosis. If you drink more than 2 drinks a day, you are increasing your risk.

A drink is a 5-oz glass of wine, a 12-oz can of beer, or a 1 1/2-oz portion of hard liquor.

Avoid high-risk sexual behavior such as unprotected sexual contact with multiple partners.

Be careful around synthetic chemicals, such as cleaning products and pesticides. If you come into contact with chemicals often, wear protective clothing and a facemask.

Get vaccinated against hepatitis B.

Eat a well-balanced, low-fat diet high in fruits and vegetables and take vitamins.

Maintain a healthy weight, because excess body fat can cause fatty liver, which may lead to liver disease

References:

<http://www.webmd.com/digestive-disorders/cirrhosis-liver>

SOURCES:

Centers for Disease Control and Prevention
National Digestive Diseases Information Clearinghouse.
American Cancer Society.